

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Endermann, et al.

Serial No.: [to be assigned]

Filing Date: 02/10/2004

Title: Treatment of bacterial diseases of the respiratory organs

**COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450**

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
BEFORE MAILING OF FIRST OFFICE ACTION (37 C.F.R. 1.97(b))**

Dear Sir:

Applicants wish to cite for the record in the above-identified application the references shown on the accompanying modified form PTO-1449.

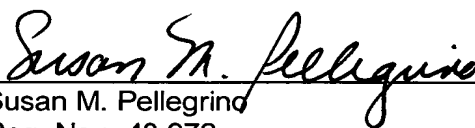
**IDENTIFICATION OF TIME OF FILING THE ACCOMPANYING
INFORMATION DISCLOSURE STATEMENT**

The information disclosure statement transmitted herewith is being filed **before** the mailing date of the first Office action on the merits.

FEE PAYMENT

Applicants believe that no fees are due with this submission. However, the Commissioner is hereby authorized to charge any fees that may have been overlooked but that are required to Deposit Account 13-3372. Additionally, please credit any overpayment to the same account.

Respectfully submitted,



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Form PTO-1449 (Modified)		U.S. Department of Commerce Patent and Trademark Office		Serial No. [not yet assigned]		Art Unit		Filing Date 02/10/2004		Atty. Docket No. Le A 36 499					
INFORMATION DISCLOSURE CITATION				Applicant(s) <div style="text-align: center;">Endermann, et al.</div>											
U.S. PATENT DOCUMENTS															
*		DOCUMENT NO.							DATE (MM/DD/YY)	NAME	CLASS	SUB-CLASS	FILING DATE IF APPROPRIATE		
	U1	4	9	9	0	5	1	7	02/05/91	Petersen et al.	514	300	06/30/89		
	U2	4	6	7	0	4	4	4	06/02/87	Grohe et al.	514	300	05/29/84		
	U3	5	6	0	7	9	4	2	03/04/97	Petersen et al.	546	200	03/20/95		
FOREIGN PATENT DOCUMENTS															
*		DOCUMENT NO.							DATE (DD/MM/YY)	COUNTRY	PRIMARY CLASS	SUB-CLASS	TRANSLATION		
													YES	NO	
	F1	0	3	5	0	7	3	3	A2	06/30/89	EP				X
	F2	0	3	5	0	7	3	3	B1	06/30/89	EP				X
	F3	0	1	4	5	6	7	9	A2	12/22/00	WO				X
	F4	0	0	4	9	3	5	5	A1	08/21/81	EP				X
	F5	0	0	4	9	3	5	5	B1	08/21/81	EP				X
OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, etc.)															
EXAMINER										DATE CONSIDERED					
<small>*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.</small>															